

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/830559	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.	13							
TOTAL DEP.	15							
TOTAL CLAIMS	28							
TOTAL IND.	15							
TOTAL DEP.	38							
TOTAL CLAIMS	53							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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